

PLEASE PLACE LABEL IN THIS SPACE
000473 AUG 18 80

PART A WITHDRAWAL APPROVED -
ISD DELETED

COMMENTS

[illegible]

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)		GENERAL MOTORS CORP													
S										T/A	C	A		8	0	0	8	1	8	CADILLAC MOTOR CAR							
F	M	I	D	O	O	7	1	8	8	7	4	2	1														
1	2													16													

[illegible][illegible]

CITY OR TOWN															ST.	ZIP CODE					
C	D	E	T	R	O	I	T								M	I	4	8	2	3	2

[illegible]

CITY OR TOWN															ST.	ZIP CODE						
C																						
6	L	I	V	O	N	I	A									M	I	4	8	1	5	0

NAME AND TITLE (last, first, & job title)													PHONE NO. (area code & no.)																								
2	S	U	K	E	S	,	G	E	O	R	G	E	C	H	I	E	F	M	A	T	L	E	N	G	R	3	1	3	5	5	4	5	6	8	0		
																										65	46	-	48		48	-	51		52	-	55

A. NAME OF INSTALLATION'S LEGAL OWNER	
8	GENERAL MOTORS CORPORATION

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

F = FEDERAL M = NON-FEDERAL	M	<input checked="" type="checkbox"/> <small>57</small> A. GENERATION	<input checked="" type="checkbox"/> <small>58</small> B. TRANSPORTATION (complete item VII)
		<input checked="" type="checkbox"/> <small>59</small> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> <small>60</small> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☒ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (complete item C)

DESCRIPTION OF HAZARDOUS WASTES

go to the reverse of this form and provide the requested information.

Form 8700-12 (6-80)

CONTINUE ON REVERSE

AUG 15 1980

5	W	M	1	0	0	0	7	1	8	8	7	4	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23	24	25	26	27	28
7	8	9	10	11	12
23	24	25	26	27	28

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23	24	25	26	27	28
19	20	21	22	23	24
23	24	25	26	27	28
25	26	27	28	29	30
23	24	25	26	27	28

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23	24	25	26	27	28
37	38	39	40	41	42
23	24	25	26	27	28
43	44	45	46	47	48
23	24	25	26	27	28

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23	24	25	26	27	28

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

George L. Dukes

Chief Materials Engineer

7-30-80

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
2 Small Quantity Generator
4 Exempt
5 Beneficial Use
9 Closed

Please print/type with elite type (12 characters per inch)

II. GENERATOR'S EPA I.D. NUMBER

T/A C
F M I D O O O 7 1 8 8 7 4 1 1
1 2 13 14 15

This Installation's Non-Regulated Status is Expected to Apply:

- ☐ For 1983 Only ☐ Permanently
☐ Other _____

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF INSTALLATION

C I A I D I L L A C I M O T O R I C A R D I V L I V O N I A P L A N T
30 69

IV. INSTALLATION MAILING ADDRESS

3 1 2 8 1 0 1 C I L I A R K
15 16 45

Street or P.O. Box

4 D E I T R O I T M I 4 8 2 3 2
15 16 41 42 47 51

City or Town

State Zip Code

V. LOCATION OF INSTALLATION (if different than section IV above)

5 1 1 2 1 0 1 M I D I L E B E L T
15 16 45

Street or Route number

6 I T V O N I A M I 4 8 1 5 0
15 16 41 42 47 51

City or Town

State Zip Code

VI. INSTALLATION CONTACT

2 S I U K I E S I G E I O R I G I E L L
15 16 45

Name (last and first)

3 1 1 3 1 5 5 4 1 5 6 8 0
46 55

Phone No. (area code & no.)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

J. O. Grettenberger General Manager

Print/Type Name

Title

Signature of Authorized Representative

Date Signed

2/28/84

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G M I D 0 0 0 7 1 8 8 7 4 1
1 2 13 14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Wayne Disposal Site #2

X. FACILITY'S EPA I.D. NO.

F M I D 0 4 8 0 9 0 6 3 3
16 28

XI. FACILITY ADDRESS

49350 N. Service Drive
Belleville, Mi. 48111

XII. TRANSPORTATION SERVICES USED

Inland Waters Pollution Control

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard Code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29 32	1	Waste Water Treatment Sludge	1 2 33 34	F 0 0 6 35 38 39 42	9 59	T 60
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

G M I D 0 0 0 7 1 8 8 7 4 1
1 2 13 14 15

X. FACILITY'S EPA I.D. NO.

F M I D 0 5 7 0 0 2 6 0 2
16 28

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Environmental Waste Control

XI. FACILITY ADDRESS

27140 Princeton
Inkster, Mi. 48141

XII. TRANSPORTATION SERVICES USED

Environmental Waste Control

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	1	Waste Gasoline/ Water Mixture	017	D 0101	15600	G
30	2					
31	3					
32	4					
33	5					
34	6					
35	7					
36	8					
37	9					
38	10					
39	11					
40	12					

XIV. COMMENTS (enter information by section number—see instructions)

Section XIII

Line #1 - The density of Waste Gasoline/Water Mixture is 1.0 g/cc.

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G M I D 0 0 0 7 1 8 8 7 4 1 1
1 2 13 14 15

X. FACILITY'S EPA I.D. NO.

F M I D 9 8 0 6 1 5 2 9 8
16 28

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Petro- Chem Processing

XI. FACILITY ADDRESS

421 Lycaste
Detroit, Mi. 48214

XII. TRANSPORTATION SERVICES USED

K & D Industrial Services

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29	32	1 Waste Paint Thinner	0 7	D 0 0 1 35 38 39 42	1 6 5	G
			33 34 43	46 47 50 51	59 60	
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Section XIII

Line #1 - The density of Waste Paint Thinner is 0.9 g/cc.

FROM: Cadillac Motor Car Division

Department #2202

2860 Clark Avenue

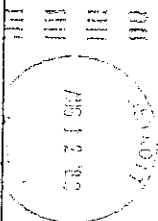
Detroit, Michigan 48232

CERTIFIED MAIL
No. 19868

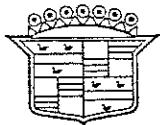
NOTIFICATION OF
HAZARDOUS WASTE ACTIVITY

DETACH ALONG THIS LINE

EPA Region V
RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680



PLA
1ST CL
POST
MET



orig to 7
For Not File
12-10-81 MGS
BSD deleted
1-7-82

Cadillac

MOTOR CAR DIVISION
GENERAL MOTORS CORPORATION

OFFICE OF THE GENERAL MANAGER

DETROIT, MICHIGAN 48232

November 6, 1981

Mr. Joseph Boyle, Compliance Officer
U.S. EPA - Region V
RCRA Activities
P.O. Box A3587
Chicago, Illinois 60690

Dear Mr. Boyle:

MGS 12-10-81 9 TTSD PA

Cadillac Motor Car Division, General Motors Corporation meets the definition of hazardous waste generator at its Livonia Plant E.P.A. I.D. Number (MID 000718874). Last November (1980), all plant processes were reviewed to determine if any would also meet the definition of Treatment, Storage, or Disposal Facility and Interim Status Permit application was made for four facilities.

We have re-evaluated our hazardous waste management facilities in light of the revision to E.P.A. regulations issued since November, 1980, as well as our revised needs as a hazardous waste generator. As a result, we are withdrawing our permits for interim status on all four of these facilities for the following reasons:

Container Storage Area #1 and #2

These areas have only been used for accumulation of hazardous wastes in drums. Accumulation of materials in these areas does not exceed 90 days.

Gasoline Spill Control Tank

The Spill Control Tank is located underground in the bulk gasoline unloading area. The sole purpose of this tank is to act as emergency spill containment in the event that gasoline is spilled during unloading. It was never intended to be used for storage of hazardous waste. This tank will be inspected on a regular basis and any gasoline found will be removed immediately.

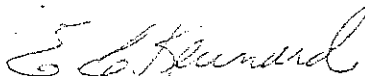
RECEIVED

WASTE MANAGEMENT BRANCH
EPA REGION V

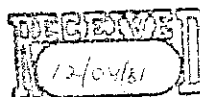
RECEIVED
12/04/81

Livonia Wastewater Treatment Plant Filter Press

The filter press de-waters the sludges generated during the wastewater treatment process. Water squeezed from the sludge is re-processed and the solids are removed for disposal. The filter press is a "totally enclosed facility" since it is directly connected to the wastewater treatment process and no hazardous waste is released to the environment during treatment.



E. C. Kennard
General Manager



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION V

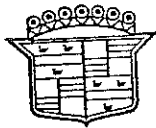
DATE: February 25, 1982

SUBJECT: Notification for
I.D. # M10000 718874

FROM: CSC *AB*

TO: File

The date stamped at the bottom of the notification is the date the mail was opened. The serial date stamp at the top indicates the date the form was processed. The postmark date, the official date received, is written in the column marked "Date Received".



Cadillac

MOTOR CAR DIVISION
GENERAL MOTORS CORPORATION

DETROIT, MICHIGAN 48232

OFFICE OF THE GENERAL MANAGER

November 6, 1981

Mr. Joseph Boyle, Compliance Officer
U.S. EPA - Region V
RCRA Activities
P.O. Box A3587
Chicago, Illinois 60690

Dear Mr. Boyle:

REC 12-10-81
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These areas have only been used for accumulation of hazardous wastes in drums. Accumulation of materials in these areas does not exceed 90 days.

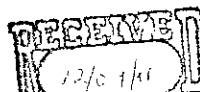
Gasoline Spill Control Tank

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RECEIVED

NOV 8 1981

WASTE MANAGEMENT BRANCH
EPA REGION V

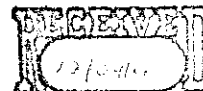


Livonia Wastewater Treatment Plant Filter Press

The filter press de-waters the sludges generated during the wastewater treatment process. Water squeezed from the sludge is re-processed and the solids are removed for disposal. The filter press is a "totally enclosed facility" since it is directly connected to the wastewater treatment process and no hazardous waste is released to the environment during treatment.

E. C. Kennard

E. C. Kennard
General Manager



JLN

CADILLAC MOTOR CAR DIVISION

GENERAL MOTORS CORPORATION

DETROIT, MICHIGAN 48232

January 18, 1983

RECEIVED

JAN 20 1983

WATER QUALITY DIV.
DIST. I

Ms. Susan Norton
Water Quality Specialist
Department of Natural Resources
Water Quality Division
9311 Groh Road
Grosse Ile, Michigan 48183

Dear Ms. Norton:

In response to your letter of December 15, 1982, the following action has been taken to correct the deficiencies noted in the Resource Conservation and Recovery Act inspection conducted by your office at Cadillac's Livonia Plant (MID000718874).

- 1) The emergency equipment list in the Contingency Plan has been updated to include the capabilities of each item as specified in 40 CFR 265.52(e).
- 2) A letter documenting that copies of the Contingency Plan were offered to local emergency organizations in accordance with 40 CFR 265.53(b) has been written. This document has been attached to the Contingency Plan per your recommendation.

Additionally, I have enclosed copies of correspondence which has transpired between the Livonia Plant and U.S.E.P.A. Region V subsequent to our original application.

Cadillac Motor Car Division
GENERAL MOTORS CORPORATION


G. L. Sukes

Chief Materials/Metallurgical
Engineer

/tb
Enc.

STATE OF MICHIGAN



NATURAL RESOURCES COMMISSION

JACOB A. HOEFER
E. M. LAITALA
HILARY F. SNELL
PAUL H. WENDLER
HARRY H. WHITELEY
JOAN L. WOLFE
CHARLES G. YOUNGLOVE

WILLIAM G. MILLIKEN, Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T. MASON BUILDING
BOX 30028
LANSING, MI 48909
HOWARD A. TANNER, Director
Hazardous Waste Division
Detroit Area
9311 Groh Road
Grosse Ile, Michigan 48138

February 17, 1983

Mr. George L. Sukes
Chief, Materials Engineering
GMC Cadillac Motor Car
Clark Avenue Plant
2860 Clark Street
Detroit, Michigan 48232

Re: MID 000718874
Livonia Plant

Dear Mr. Sukes:

Thank you for your letter of January 18, 1983, in which you documented corrections to the items of non-compliance with Subtitle C of the Resource Conservation and Recovery Act, cited in our letter of December 15, 1982.

We also appreciated receiving copies of your correspondence with U.S.E.P.A. V subsequent to your original application for the Livonia Plant.

Your continued assistance and cooperation during our work with the three Cadillac plants is very much appreciated.

Sincerely,

Kenneth Burda, P.E.
Area Engineer

Susan Norton

Susan Norton
Water Quality Specialist
Compliance Section
Hazardous Waste Division

KB:SN/sc

cc: Hazardous Waste Division, Lansing (3)

FORM 1	 EPA	ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6</td> <td style="width:10%;">7</td> <td style="width:10%;">8</td> <td style="width:10%;">9</td> <td style="width:10%;">10</td> <td style="width:10%;">11</td> <td style="width:10%;">12</td> <td style="width:10%;">13</td> <td style="width:10%;">14</td> <td style="width:10%;">15</td> </tr> <tr> <td>F</td><td>M</td><td>I</td><td>D</td><td>0</td><td>0</td><td>0</td><td>7</td><td>1</td><td>8</td> </tr> <tr> <td>4</td><td>3</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>7</td><td>1</td><td>8</td> </tr> </table>	6	7	8	9	10	11	12	13	14	15	F	M	I	D	0	0	0	7	1	8	4	3	2	1	0	0	0	7	1	8
6	7	8	9	10	11	12	13	14	15																								
F	M	I	D	0	0	0	7	1	8																								
4	3	2	1	0	0	0	7	1	8																								
PLEASE PLACE LABEL IN THIS SPACE			GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																														

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	G M C C A D I L L A C M O T O R C A R L I V O N I A P L A N T
---	------	---

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 S U K E S G E O R G E C H I E F M A T L E N G R	3 1 3 5 5 4 5 6 8 0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
3 2 8 6 0 C L A R K S T			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 D E T R O I T		M I	4 8 2 3 2

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 1 2 2 0 0 M I D D L E B E L T R D			
B. COUNTY NAME			
W A Y N E			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6 L I V O N I A		M I	4 8 1 5 0
		F. COUNTY CODE (if known)	
		1 6 3	

I. SIC CODES (4-digit, in order of priority)

A. FIRST

3 5 1 8 (specify) MACHINERY, ENGINES

B. SECOND

7 (specify)

C. THIRD

(specify)

D. FOURTH

(specify)

II. OPERATOR INFORMATION

A. NAME

GMC CADILLAC MOTOR CAR

B. Is the name listed in Item VIII-A also the owner?

☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL
S = STATE
P = PRIVATEM = PUBLIC (other than federal or state)
O = OTHER (specify)

P

(specify)

D. PHONE (area code & no.)

A 3 1 3 5 5 4 5 6 8 8

E. STREET OR P.O. BOX

8 6 0 CLARK ST

F. CITY OR TOWN

DETROIT

G. STATE

M I

H. ZIP CODE

4 8 2 3 2

IX. INDIAN LAND

Is the facility located on Indian lands?

☐ YES ☒ NO

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

N A

D. PSD (Air Emissions from Proposed Sources)

9 P N A

B. UIC (Underground Injection of Fluids)

U N A

E. OTHER (specify)

(specify) ATTACHMENT "A"
WAYNE COUNTY AIR PERMITS

C. RCRA (Hazardous Wastes)

R N A

E. OTHER (specify)

(specify)

MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

I. NATURE OF BUSINESS (provide a brief description)

THIS FACILITY MANUFACTURES, ASSEMBLES AND TESTS AUTOMOTIVE ENGINES.

II. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)

E. C. Kennard
General Manager

B. SIGNATURE

E. C. Kennard

C. DATE SIGNED

11/17/80

COMMENTS FOR OFFICIAL USE ONLY

65

FORM 3 RCRA	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZAR US WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER EMID00071887431
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FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr, mo, & day)	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date) <input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) 71		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.) 71						
C	YR.	MO.	DAY	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr, mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	YR.	MO.	DAY	FOR NEW FACILITIES, PROVIDE THE DATE (yr, mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN
8	69	01	01					

B. REVISED APPLICATION (place an "X" below and complete Item I above) <input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS 72		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT 72	
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III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.
 1. AMOUNT - Enter the amount.
 2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS			
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-Feet	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	B
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	F
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP T/A/C 3/1									
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	200	G		5				
X-2	S 0 3	400	E		6				
1	S 0 1	151,284 000	G		7				
2	S 0 2	4,000 000	G		8				
3	T 0 4	1,400 000	U		9				
4					10				

EPA I.D. NUMBER (enter from page 1)												FOR OFFICIAL USE ONLY											
<div style="display: flex; justify-content: space-between;"> M I D 0 0 0 7 1 8 8 7 4 T/A C 3 1 </div>												<div style="display: flex; justify-content: space-between;"> W DUP T/A C 3 2 DUP </div>											
1 2 3 4 5 6 7 8 9 10 11 12												13 14 15 16 17 18 19 20 21 22 23 24 25 26											

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO. 1-26	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES											
				1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
				23	24	25	26	27	28	29	30	31	32	33	34
1	F 0 1 7	26,000 000	P	S 0 1											
2	F 0 0 8	1,000 000	P	S 0 1											
3	D 0 0 2	1,000 000	P	S 0 1											
4	D 0 0 1	34,000 000	P	S 0 2											
5	D 0 0 1	1,000 000	P	S 0 1											
6	D 0 0 7	1,460 000	T	S 0 1	T 0 4										
7	D 0 0 8														INCLUDED WITH ABOVE
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															

V. DESCRIPTION OF HAZARDOUS WAS (continued)
 E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

M	I	D	0	0	0	7	1	8	8	7	4	3	6	
												T/A	C	
												13	14	15

FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
4	2	2	2	3	0	6				8	3	1	9	5	2	0			
65	66	67	68	69	70	71				72	73	74	75	76	77	78			

FACILITY OWNER


☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)									
3. STREET OR P.O. BOX										4. CITY OR TOWN									
5. ST.										6. ZIP CODE									

OWNER CERTIFICATION

certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type) E. C. Kennard General Manager	B. SIGNATURE 	C. DATE SIGNED 11/17/80
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OPERATOR CERTIFICATION

certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 chr

ers/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F M I D 0 0 0 7 1 8 8 7 4 3 D	
L. LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
J. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS		
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.		
SPECIFIC QUESTIONS	MARK 'X'	
YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X	X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X

III. NAME OF FACILITY	
1. SKIP	GMC CADILLAC MOTOR CAR LIVONIA PLANT
IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	
2. SUKES GEORGE CHIEF MATL ENGR	
B. PHONE (area code & no.)	
313 554 5680	
V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
3. 2860 CLARK ST	
B. CITY OR TOWN	
4. DETROIT	
C. STATE	
MI	
D. ZIP CODE	
48232	
VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5. 12200 MIDDLEBELT RD	
B. COUNTY NAME	
WAYNE	
C. CITY OR TOWN	
6. LIVONIA	
D. STATE	
MI	
E. ZIP CODE	
48150	
F. COUNTY CODE (if known)	
163	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND											
7	3	5	1	0	(specify)	MACHINERY, ENGINES					7					(specify)					
C. THIRD										D. FOURTH											
7					(specify)						7					(specify)					

VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in Item VIII-A also the owner?	
G M C C A D I L L A C M O T O R C A R																									<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)						
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE																				3 1 3 5 5 4 5 6 8 0						
E. STREET OR P.O. BOX																										
2 8 6 0 C L A R K S T																										
F. CITY OR TOWN										G. STATE					H. ZIP CODE					IX. INDIAN LAND						
D E T R O I T										M I					4 8 2 3 2					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
N A										N A									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
N A										(specify) ATTACHMENT "A"									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
N A										(specify) WAYNE COUNTY AIR PERMITS									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

THIS FACILITY MANUFACTURES, ASSEMBLES AND TESTS AUTOMOTIVE ENGINES.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
E. C. Kennard General Manager	<i>E. C. Kennard</i>	11/17/80

COMMENTS FOR OFFICIAL USE ONLY

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FORM 3 RCRA EPA HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
FMID00071887431

FOR OFFICIAL USE ONLY

APPLICATION APPROVED DATE RECEIVED (yr., mo., & day) COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)
XX 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)
2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)
8 6 9 0 1 0 1

B. REVISED APPLICATION (place an "X" below and complete Item I above)
1. FACILITY HAS INTERIM STATUS
2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.
1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
18	19	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	28	18	19	28
X-1	S 0 2	600	G	5			
X-2	T 0 3	20	E	6			
1	S 0 1	151,284 000	G	7			
2	S 0 2	4,000 000	G	8			
3	T 0 4	1,400 000	U	9			
4				10			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 - SLUDGE FILTER PRESS - 1400 GALLONS/DAY

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

3. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

D. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable, and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES								
							1. PROCESS CODES (enter)			2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
X-1	K	0	5	4	900	P	T	0	3	D	8	0			
X-2	D	0	0	2	400	P	T	0	3	D	8	0			
X-3	D	0	0	1	100	P	T	0	3	D	8	0			
X-4	D	0	0	2											included with above

EPA Form 3510-3 (6-80)

IV. DESCRIPTION OF HAZARDOUS WASTE *continued***E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	M	I	D	0	0	0	7	1	8	8	7	4	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures, existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	2	2	2	3	0	0
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

8	3	1	9	5	2	0
72	73	74	75	76	77	78

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX												4. CITY OR TOWN												5. ST.				6. ZIP CODE			
E												G																			

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

E. C. Kennard
General Manager

B. SIGNATURE



C. DATE SIGNED

11/7/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

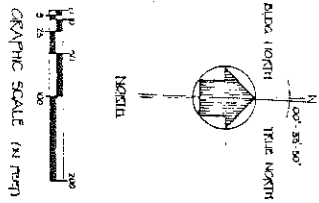
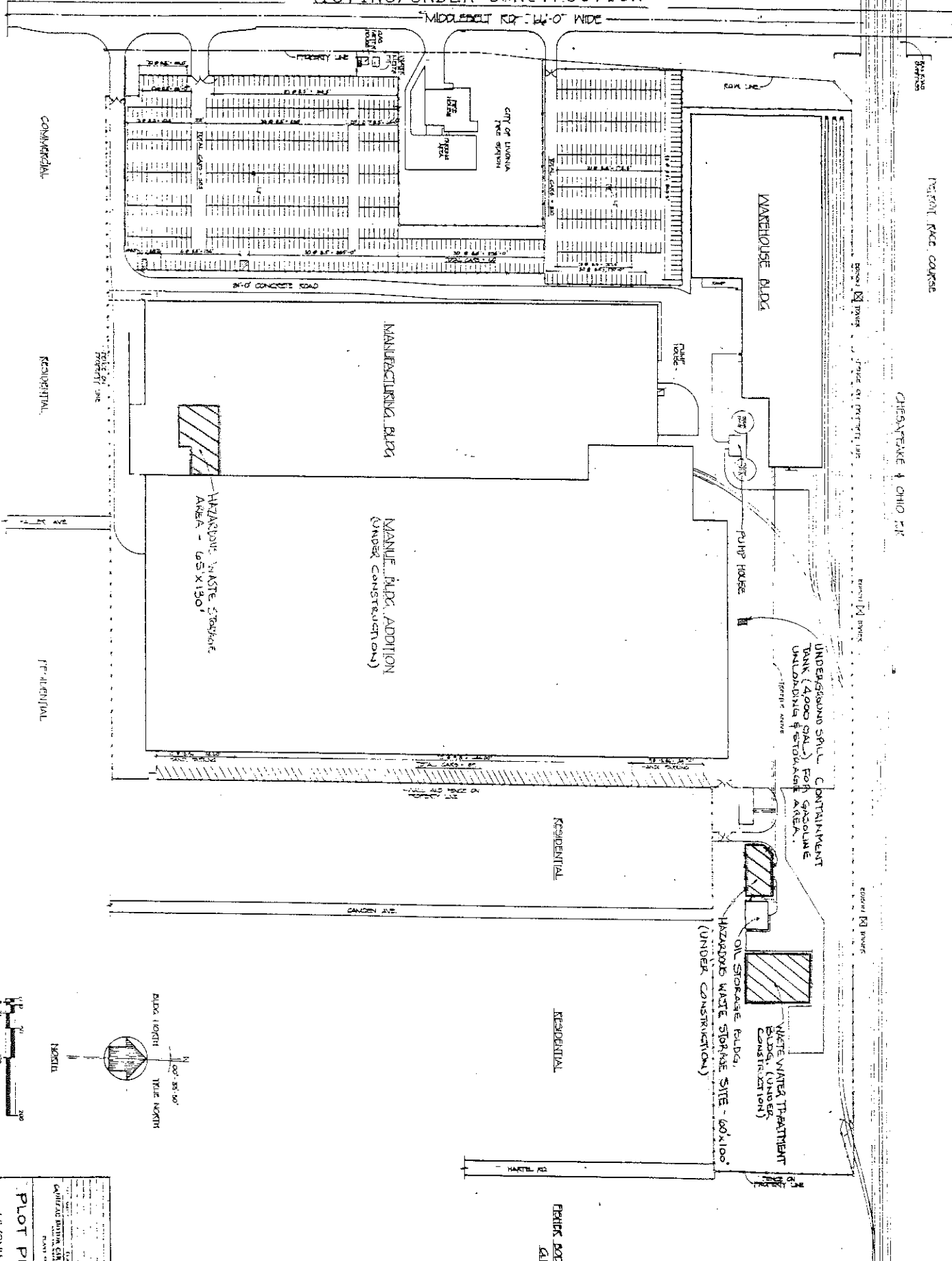
B. SIGNATURE

C. DATE SIGNED

CADILLAC MOTOR CAR DIVISION - LIVONIA PLANT

LISTING/UNDER CONSTRUCTION

25



PLOT PLAN	
LIVONIA PLANT	
CADDILLAC MOTOR CAR DIV. - LITTON BLDG.	
DATE: 10/1/57	
BY: [Signature]	
CHECKED BY: [Signature]	
APPROVED BY: [Signature]	
SCALE: 1" = 50'	

ENTER BODY DIVISION
G.M.C.

65

V. FACILITY DRAWING (see page 4)

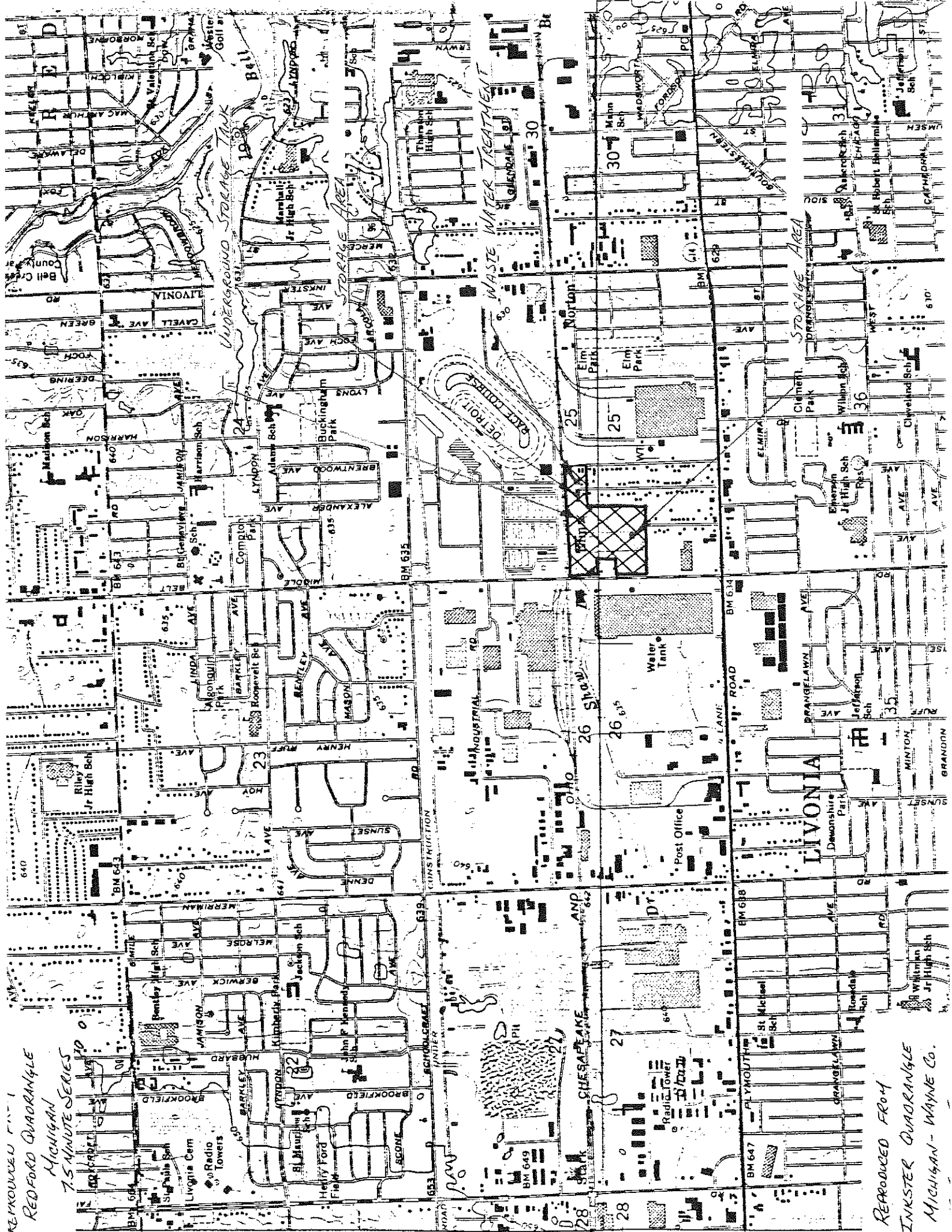
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APPLICATION FORM 1
CADILLAC MOTOR CAR
DIVISION, GMC
LIVONIA PLANT

ATTACHMENT "A"
TO ITEM X.
"EXISTING ENVIRONMENTAL
PERMITS"

EXISTING AIR EMISSIONS SOURCE PERMITS - WAYNE COUNTY APCD

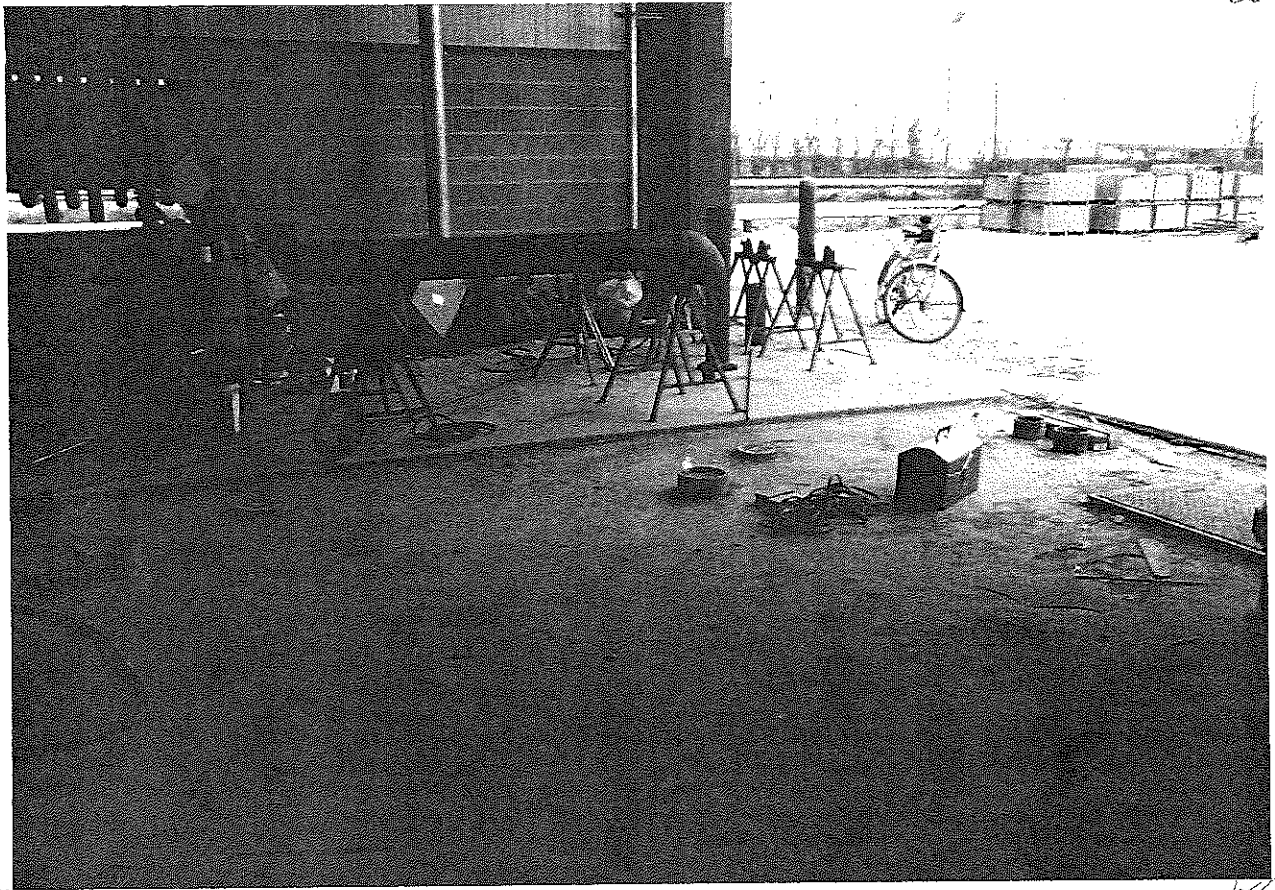
APC - 907519 THRU 907557
C - 5503
C - 5510
C - 5540
C - 5553 THRU 5571



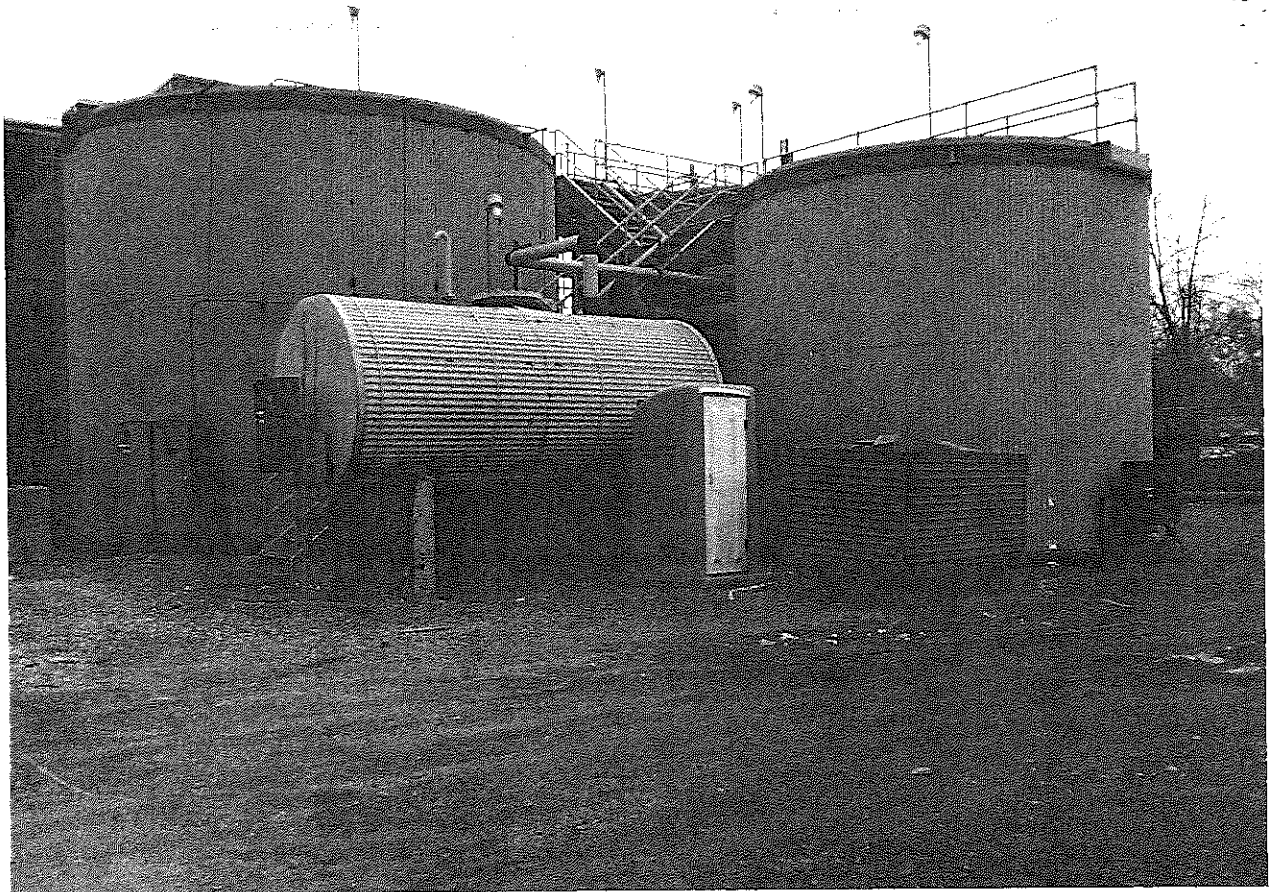
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RED FORD QUADRANGLE
MICHIGAN
7.5 MINUTE SERIES

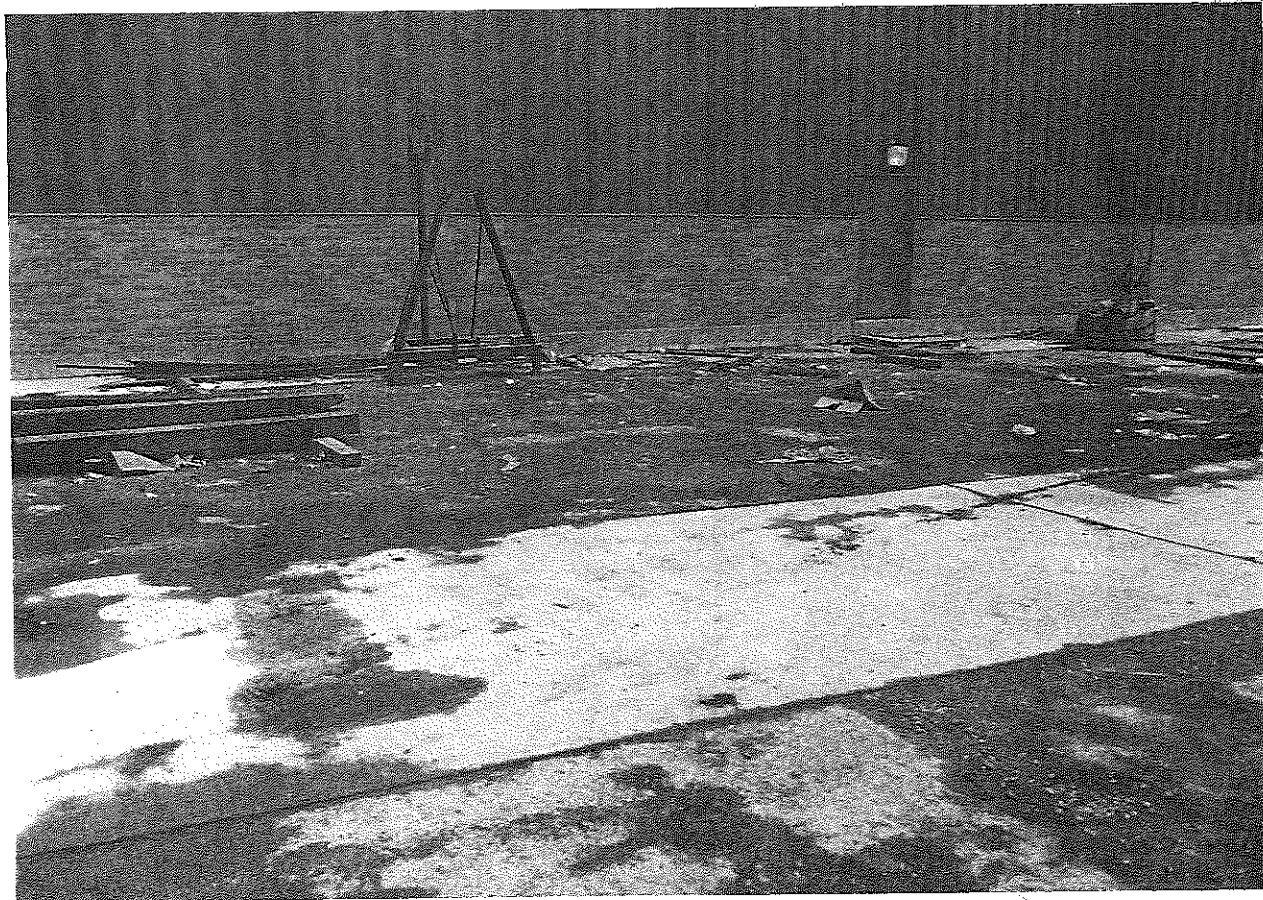
REPRODUCED FROM
INKSTER QUADRANGLE
MICHIGAN - WAYNE CO.

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POWERTRAIN

MID 000 718 874

Date: July 31, 1995

To: Plant Manager
GM Powertrain Group
Livonia Engine Plant
12200 Middlebelt Road
Livonia, Michigan 48150

Subject: Confirmation of Signatory Authority
Under EPA Environmental Programs

As provided under 40 CFR 70.2, 122.22, 144.32, 270.11, 370.40, 372.3, and 403.12 of the Federal regulations, the position of Plant Manager at the GM Powertrain Group, Livonia facility located in Livonia, Michigan is hereby confirmed as a Responsible Corporate Officer / Official of General Motors. As such, the Plant Manager is authorized to sign and/or certify all permit applications, all reports required by permits, and other information requested by the Control Authority regarding the following environmental programs at this facility:

Operating Permits Program of the Clean Air Act (40 CFR Part 70)

National Pollutant Discharge Elimination System (NPDES) of the Clean Water Act
(40 CFR Part 122)

Underground Injection Control (UIC) Program of the Safe Drinking Water Act
(40 CFR Part 144)

Hazardous Waste Management Program of the Resource Conservation and Recovery Act
(40 CFR Part 270)

National Pretreatment Program of the Clean Water Act (40 CFR Part 403)

Hazardous Chemical Reporting and Toxic Release Reporting Programs of the
Emergency Planning and Community Right-To-Know Act of 1986 (40 CFR Parts 370
and 372)

In the absence of the Plant Manager due to illness, vacation, or similar causes, the Acting Plant Manager is designated to sign any permit applications, reports or information requests required under these programs.

Signature:

E. Michael Mutchler
Vice President & Group Executive
Powertrain Group

MR. E.C. KENNARD, GENERAL MANAGER
 GMC CADILLAC MOTOR CAR DIVISION
 2860 CLARK ST.
 DETROIT, MI 48232

RE: Withdrawal of Part A
 (Wastewater Treatment
 Unit ~~and~~ *and Small Quantity Generator*)
 FACILITY NAME: CADILLAC MOTOR CAR DIV. - LIVONIA PLANT
 USEPA ID NO.: MID 000 718 874

Dear MR. KENNARD:

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of November 6, 1981, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has a wastewater treatment unit as defined in 40 CFR Part 260.10, ~~and~~ *and* → qualifies for the small quantity generator exclusion as defined in 40 CFR Part 261.5. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time.

Please be advised that you must ensure that your waste is handled in accordance with 40 CFR Part 261.5(g) (enclosed), and applicable State and local requirements.

You will retain your USEPA Identification number; if you wish to have your identification withdrawn, please notify this Regional Office.

Please contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Wastewater Treatment Unit)," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch Jr.

Karl J. Klepitsch, Jr., Chief
 Waste Management Branch

and Small Quantity Generator

Enclosure

cc: GEORGE SUKES, CHIEF MATERIALS ENGINEER

*P.W.
J.C.*

ASK J. Boyce

Cadillac

MOTOR CAR DIVISION GENERAL MOTORS CORPORATION
DETROIT, MICHIGAN 48232

September 23, 1982



AN AMERICAN
STANDARD FOR THE WORLD

*MULTIPLE
Category*

RECEIVED

SEP 28 1982

WASTE MANAGEMENT BRANCH
EPA, REGION V

Mr. Karl J. Klepitsch, Jr.
Waste Management Branch
U.S. EPA - Region V
RCRA Activities
P.O. Box A-3587
Chicago, Illinois 60690

Re: Withdrawal of Part A (Non-Hazardous Waste)
Facility Name: GMC, Cadillac Motor Car Division
Livonia Plant

U.S. EPA ID No.: *m* DID 000718874 *G, T, PA*

Dear Mr. Klepitsch,

On November 6, 1981, we requested withdrawal of our Part A Hazardous Waste Permit application for our Livonia Plant facilities (copy of our original request attached).

To date, we have not received your concurrence or rejection as related to this request.

Your response will be appreciated.

Sincerely,

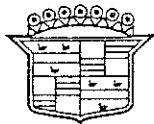
Cadillac Motor Car Division
GENERAL MOTORS CORPORATION

G. L. Sukes

G. L. Sukes
Chief, Materials/Metallurgical
Engineer

/tb
Attach.

RECEIVED
9/28/82



Cadillac

MOTOR CAR DIVISION
GENERAL MOTORS CORPORATION

OFFICE OF THE GENERAL MANAGER

DETROIT, MICHIGAN 48232

November 6, 1981

Mr. Joseph Boyle, Compliance Officer
U.S. EPA - Region V
RCRA Activities
P.O. Box A3587
Chicago, Illinois 60690

Dear Mr. Boyle:

Cadillac Motor Car Division, General Motors Corporation meets the definition of hazardous waste generator at its Livonia Plant E.P.A. I.D. Number (MID 000718874). Last November (1980), all plant processes were reviewed to determine if any would also meet the definition of Treatment, Storage, or Disposal Facility and Interim Status Permit application was made for four facilities.

We have re-evaluated our hazardous waste management facilities in light of the revision to E.P.A. regulations issued since November, 1980, as well as our revised needs as a hazardous waste generator. As a result, we are withdrawing our permits for interim status on all four of these facilities for the following reasons:

Container Storage Area #1 and #2

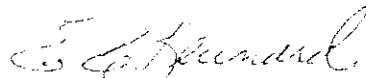
These areas have only been used for accumulation of hazardous wastes in drums. Accumulation of materials in these areas does not exceed 90 days.

Gasoline Spill Control Tank

The Spill Control Tank is located underground in the bulk gasoline unloading area. The sole purpose of this tank is to act as emergency spill containment in the event that gasoline is spilled during unloading. It was never intended to be used for storage of hazardous waste. This tank will be inspected on a regular basis and any gasoline found will be removed immediately.

Livonia Wastewater Treatment Plant Filter Press

The filter press de-waters the sludges generated during the wastewater treatment process. Water squeezed from the sludge is re-processed and the solids are removed for disposal. The filter press is a "totally enclosed facility" since it is directly connected to the wastewater treatment process and no hazardous waste is released to the environment during treatment.



E. C. Kennard
General Manager



General Motors Parts Division
General Motors Corporation

Inter-Organization Letter

M 2000718874

GT PA

To See Below

Location

From Mr. J. W. Cagle

Location

Subject Delegation of Authority to Sign
Reports Under EPA Consolidated
Permit Programs

Date March 24, 1981

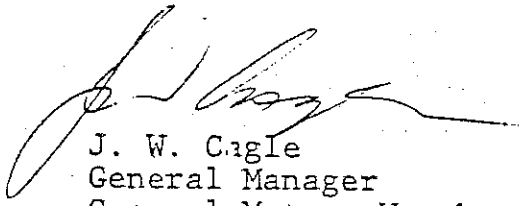
M 2000718874

TO: All Parts Plant Managers
All P.D.C. Managers
All Truck and Coach Managers

As required under Environmental Protection Agency Consolidated Permit Programs, Part 122, Section 122.6, the position of Plant Manager is hereby designated as my duly authorized representative for your facility. As such, the Plant Manager is authorized to sign all reports required by permits, and other information requested by the EPA Regional Administrator and/or the State/Local Program Director.

In the absence of the person occupying the designated position due to vacation, illness, or other reasons, the person temporarily responsible for the operation of the facility or activity is my duly authorized representative.

Any questions should be directed to the Environmental Control Group - Flint Central Office.


J. W. Cagle
General Manager
General Motors Warehousing and
Distribution Division

JWC/vp

cc: EPA Regional Administrator



Cadillac

MOTOR CAR DIVISION
GENERAL MOTORS CORPORATION

OFFICE OF THE GENERAL MANAGER

DETROIT, MICHIGAN 48232

November 6, 1981

Mr. Joseph Boyle, Compliance Officer
U.S. EPA - Region V
RCRA Activities
P.O. Box A3587
Chicago, Illinois 60690

Dear Mr. Boyle:

MC 12-10-81
Cadillac Motor Car Division, General Motors Corporation meets the definition of hazardous waste generator at its Livonia Plant E.P.A. I.D. Number (MID 000718874). Last November (1980), all plant processes were reviewed to determine if any would also meet the definition of Treatment, Storage, or Disposal Facility and Interim Status Permit application was made for four facilities.

We have re-evaluated our hazardous waste management facilities in light of the revision to E.P.A. regulations issued since November, 1980, as well as our revised needs as a hazardous waste generator. As a result, we are withdrawing our permits for interim status on all four of these facilities for the following reasons:

Container Storage Area #1 and #2

These areas have only been used for accumulation of hazardous wastes in drums. Accumulation of materials in these areas does not exceed 90 days.

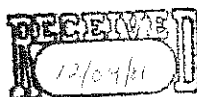
Gasoline Spill Control Tank

The Spill Control Tank is located underground in the bulk gasoline unloading area. The sole purpose of this tank is to act as emergency spill containment in the event that gasoline is spilled during unloading. It was never intended to be used for storage of hazardous waste. This tank will be inspected on a regular basis and any gasoline found will be removed immediately.

RECEIVED

NOV 12

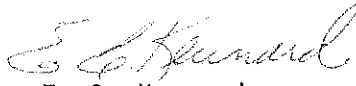
WASTE AND PERMIT BRANCH
EPA REGION V



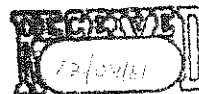


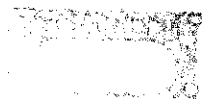
Livonia Wastewater Treatment Plant Filter Press

The filter press de-waters the sludges generated during the wastewater treatment process. Water squeezed from the sludge is re-processed and the solids are removed for disposal. The filter press is a "totally enclosed facility" since it is directly connected to the wastewater treatment process and no hazardous waste is released to the environment during treatment.



E. C. Kennard
General Manager





FORM 1
GENERAL

ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

5
F M I D 0 0 0 7 1 8 8 7 4 3 D
1 2 3 4 5

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP GMC CADILLAC MOTOR CAR LIVONIA PLANT

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)

B. PHONE (area code & no.)

2 SUKES GEORGE CHIEF MATL ENGR 313 554 5680

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 2860 CLARK ST

B. CITY OR TOWN

C. STATE

D. ZIP CODE

4 DETROIT MI 48232

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 12200 MIDDLEBELT RD

B. COUNTY NAME

WAYNE

C. CITY OR TOWN

D. STATE

E. ZIP CODE

F. COUNTY CODE (if known)

6 LIVONIA MI 48150 163

CONTINUED FROM THE FRONT

II. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
3	5	1	0	(specify)	MACHINERY, ENGINES	C	7
15	16	17	18			15	16
C. THIRD				D. FOURTH			
				(specify)		C	7
15	16	17	18			15	16

III. OPERATOR INFORMATION

A. NAME		B. Is the name listed in item VIII-A also the owner?	
GMC CADILLAC MOTOR CAR		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	E. 3 1 3 5 5 4 5 6 8 0	
E. STREET OR P.O. BOX			
8 6 0 CLARK ST			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
DETROIT		M I	4 8 2 3 2
		IX. INDIAN LAND	
		Is the facility located on Indian lands?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
N	N A	9	P N A
15	16	15	16
E. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
U	N A	(specify) ATTACHMENT "A"	
15	16	WAYNE COUNTY AIR PERMITS	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
R	N A	(specify)	
15	16		

I. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

II. NATURE OF BUSINESS (provide a brief description)

THIS FACILITY MANUFACTURES, ASSEMBLES AND TESTS AUTOMOTIVE ENGINES.

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
E. C. Kennard General Manager	E. C. Kennard	11/17/80

COMMENTS FOR OFFICIAL USE ONLY

--	--

Please print or type in the unshaded areas only
fill-in areas are spaced for elite type, i.e., 12 characters/line.

Form Approved OMB No. 158-S80004

FORM 3 EPA HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
S M I D 0 0 0 7 1 8 8 7 4 3 1

FOR OFFICIAL USE ONLY
APPLICATION APPROVED DATE RECEIVED (yr., mo., & day) COMMENTS

II. FIRST OR REVISED APPLICATION
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)
XX 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)
2. NEW FACILITY (Complete item below.)
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)
1. FACILITY HAS INTERIM STATUS
2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

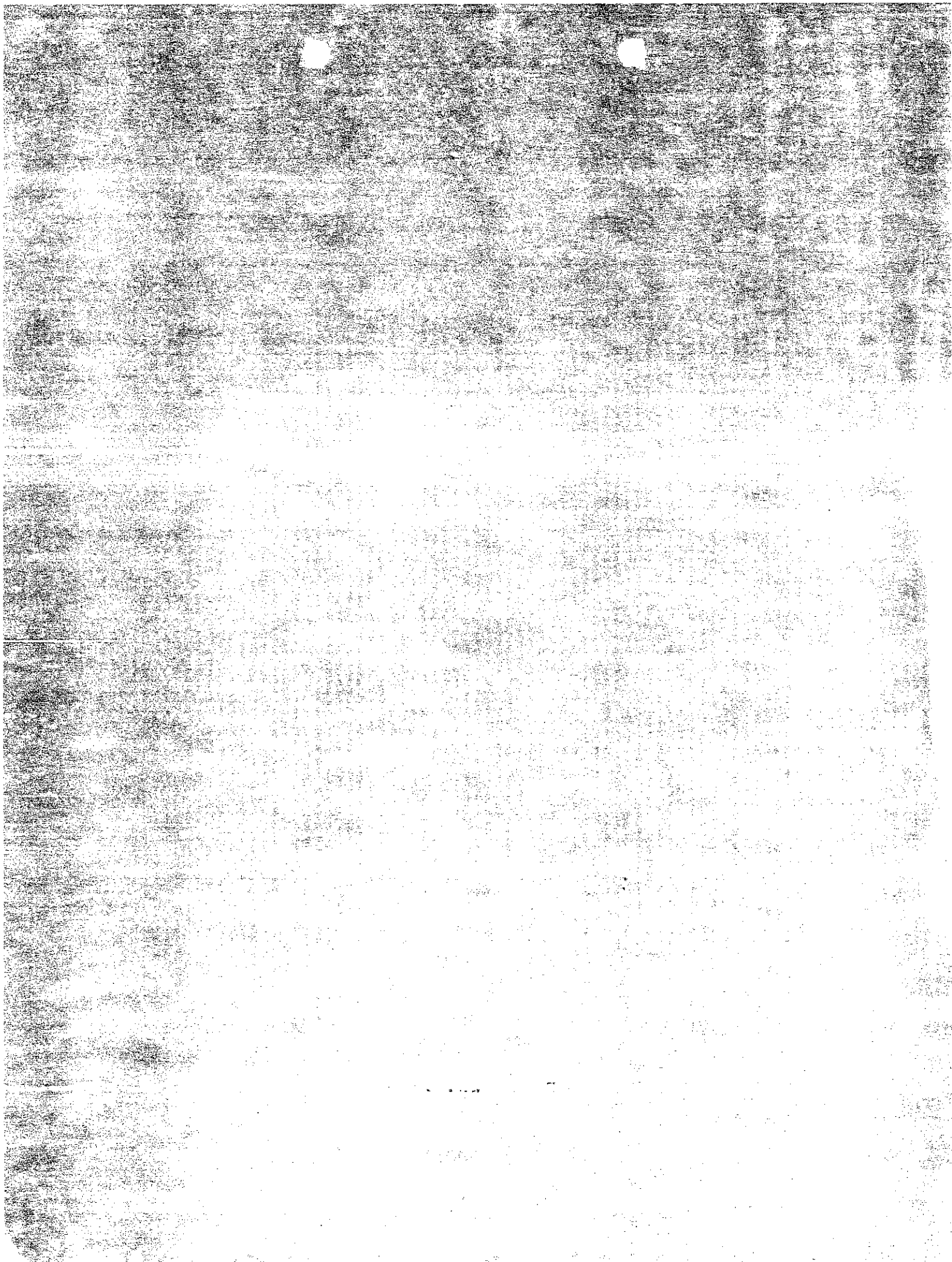
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.
1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

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77. 19 14 19
78. 19 14 19
79. 19 14 19
80. 19 14 19
81. 19 14 19
82. 19 14 19
83. 19 14 19
84. 19 14 19
85. 19 14 19
86. 19 14 19
87. 19 14 19
88. 19 14 19
89. 19 14 19
90. 19 14 19
91. 19 14 19
92. 19 14 19
93. 19 14 19
94. 19 14 19
95. 19 14 19
96. 19 14 19
97. 19 14 19
98. 19 14 19
99. 19 14 19
100. 19 14 19



Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY									
<div> <div>S</div> <div>W</div> <div>M</div> <div>I</div> <div>D</div> <div>0</div> <div>0</div> <div>7</div> <div>1</div> <div>8</div> <div>8</div> <div>7</div> <div>4</div> <div>3</div> <div>1</div> </div>													<div> <div>S</div> <div>W</div> <div>DUP</div> <div>T/A</div> <div>C</div> <div>3</div> <div>2</div> <div>DUP</div> </div>									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																						
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																		
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))										
1	F 0 1 7	26,000 000	P	S 0 1																		
2	F 0 0 8	1,000 000	P	S 0 1																		
3	D 0 0 2	1,000 000	P	S 0 1																		
4	D 0 0 1	34,000 000	P	S 0 2																		
5	D 0 0 1	1,000 000	P	S 0 1																		
6	D 0 0 7	1,460 000	T	S 0 1	T 0 4																	
7	D 0 0 8																				INCLUDED WITH ABOVE	
8																						
9																						
10																						
11																						
12																						
13																						
14																						
15																						
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17																						
18																						
19																						
20																						
21																						
22																						
23																						
24																						
25																						
26																						

Continued from the front.

II. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 - SLUDGE FILTER PRESS - 1400 GALLONS/DAY

V. DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K054	900	P	T03D80	
X-2	D002	400	P	T03D80	
X-3	D001	100	P	T03D80	
X-4	D002				included with above

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)													
S	M	I	D	0	0	0	7	1	8	8	7	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14
												3	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	2	2	2	3	0	0
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

78	3	1	9	5	2	0
72	73	74	75	76	77	78

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)																																																			
<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				1	2	3	4	5	6	7	8	9	10	11	12													<table border="1"> <tr> <td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				13	14	15	16	17	18	19	20	21	22	23	24												
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3. STREET OR P.O. BOX				4. CITY OR TOWN																																																			
<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				1	2	3	4	5	6	7	8	9	10	11	12													<table border="1"> <tr> <td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				13	14	15	16	17	18	19	20	21	22	23	24												
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13	14	15	16	17	18	19	20	21	22	23	24																																												
5. ST.				6. ZIP CODE																																																			
<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				1	2	3	4	5	6	7	8	9	10	11	12													<table border="1"> <tr> <td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				13	14	15	16	17	18	19	20	21	22	23	24												
1	2	3	4	5	6	7	8	9	10	11	12																																												
13	14	15	16	17	18	19	20	21	22	23	24																																												

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
E. C. Kennard General Manager	<i>E. C. Kennard</i>	11/17/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

CONTINUED FROM THE FRONT

II. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
3 5 1 8 (specify) MACHINERY, ENGINES										7 (specify)									
C. THIRD										D. FOURTH									
(specify)										(specify)									

III. OPERATOR INFORMATION

A. NAME																																																												B. Is the name listed in Item VIII-A also the owner?									
G M C C A D I L L A C M O T O R C A R																																																												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																																								D. PHONE (area code & no.)																			
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE P (specify)																																								3 1 3 5 5 4 5 6 8 0																			

E. STREET OR P.O. BOX																																																											
8 6 0 C L A R K S T																																																											

F. CITY OR TOWN																																								G. STATE										H. ZIP CODE										IX. INDIAN LAND									
D E T R O I T																																								M I										4 8 2 3 2										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)																														D. PSD (Air Emissions from Proposed Sources)																													
N A																														9 P N A																													
B. UIC (Underground Injection of Fluids)																														E. OTHER (specify)																													
U N A																														(specify) ATTACHMENT "A" WAYNE COUNTY AIR PERMITS																													
C. RCRA (Hazardous Wastes)																														E. OTHER (specify)																													
R N A																														(specify)																													

I. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility; the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

II. NATURE OF BUSINESS (provide a brief description)

THIS FACILITY MANUFACTURES, ASSEMBLES AND TESTS AUTOMOTIVE ENGINES.

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																																								B. SIGNATURE																				C. DATE SIGNED																			
E. C. Kennard General Manager																																								<i>E. C. Kennard</i>																				11/17/80																			

COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

.D. MID 000 718 874

Facility Name GMC Cal Mac Motor Car Livonia Plant ☐ ACKNOWLEDGEMENT SENT

Reviewer Greg Weber INTERNAL CHECKLIST

Date Review Started 3-21-81

1. Interim Regulatory Requirements

- A. (1) FORM 1 MISSING ☐
- (2) FORM 3 MISSING ☐
- B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐
- C. (1) DATE of OPERATION MISSING ☐
- (2) DATE of OPERATION after NOVEMBER 19, 1980 ☐
- D. (1) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐
- (2) NONNOTIFIER ☐
- E. (1) FORM 1, XIII B SIGNATURE MISSING ☐
- (2) FORM 3, IX B SIGNATURE MISSING ☐

2. A. TSDF ☐
- B. NONREGULATED ☐
- C. UNSURE ☐
- D. UNKNOWN FACILITY ☐
(missing name and address on Form 3)
- E. NEW FACILITY ☐
- F. CORE ITEM(S) MISSING ☐
- G. NONCORE ITEM(S) MISSING ☐
- H. OTHER ☐

*signed by
general manager
not V.P.
OK 5-28-81
GW*

RECORD OF
COMMUNICATION

☐ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE

☐ OTHER (SPECIFY) _____

(Record of item checked above)

TO:

FROM:

DATE

TIME

SUBJECT

Facility I.D.# / Facility Name

SUMMARY OF COMMUNICATION

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:

FORM 1 (EPA FORM 3510-1)

ITEM NUMBER	CHECK IF ITEM MISSING
II. Pollutant Characteristics	<input type="checkbox"/>
*III. Name of Facility	<input type="checkbox"/>
IV. Facility Contact	<input type="checkbox"/>
V. Facility Mailing Address	
A. Street or P.O. Box	<input type="checkbox"/>
B. City or Town	<input type="checkbox"/>
C. State	<input type="checkbox"/>
D. Zip Code	<input type="checkbox"/>
VI. Facility Location	
*A. Street, Route Number	<input type="checkbox"/>
B. County Name	<input type="checkbox"/>
*C. City or Town	<input type="checkbox"/>
*D. State	<input type="checkbox"/>
E. Zip Code	<input type="checkbox"/>
F. County Code (if known)	<input type="checkbox"/>
VII. SIC Codes (other than Process and Hazardous Waste codes)	<input type="checkbox"/>
VIII. Operator Information	
*A. Name	<input type="checkbox"/>
*B. Is the name listed in VIII-A also the owner	<input type="checkbox"/>
C. Status of operator	<input type="checkbox"/>
D. Phone	<input type="checkbox"/>
*E. Street or P.O. Box	<input type="checkbox"/>
*F. City or Town	<input type="checkbox"/>
*G. State	<input type="checkbox"/>
H. Zip Code	<input type="checkbox"/>

I.D.# MID 000 768 B74

Reviewer's Initial ew

IX. Indian Land ☐X. Existing Environmental Permits ☐XI. Map ☐XII. Nature of Business ☐

XIII. Certification

A. *1. Name

2. Official Title

*B. Signature

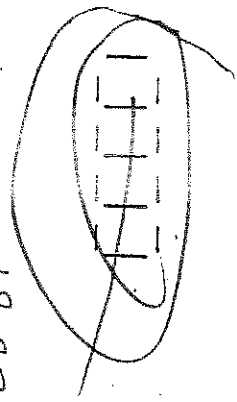
*C. Date Signed

Comments:

*Form 1 is missing ☐

General Manager
signed
not V.P.

OK
5-28-81-60



FORM 3 (EPA FORM 3510-3)

ITEM NUMBER

CHECK IF ITEM
MISSING

II. First Application

*1. Existing Facility Date (on or before
November 19, 1980)

☐

OR

*2. New Facility Date (after November 19, 1980)

☐

III. Processes

*A. Process Code

☐

*B. Process Design Capacity-Amount

*1. Amount

☐

*2. Unit of Measure

☐

IV. Description of Hazardous Wastes

*A. EPA Hazardous Waste Number

☐

*B. Estimated Annual Quantity

☐

*C. Unit of Measure

☐

*D. Processes

*1. Process Codes

☐

*2. Process Description (If no code is shown)

☐

V. Facility Drawing

☐

VI. Photographs

☐

VII. Facility Geographic Location Latitude

Latitude

☐

Longitude

☐

I.D.# MID 000 718 874

Reviewer's Initial 6W

CHECK IF ITEM
MISSING

VIII. Facility Owner

- *1. Name of Facility's Legal Owner
- 2. Phone
- *3. Street or P.O. Box
- *4. City or Town
- *5. State
- 6. Zip Code

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

IX. Owner Certification

- *A. Name
- *B. Signature
- *C. Date Signed

X. Operator Certification

- *A. Name
- *B. Signature
- *C. Date

*General
Manager
signed
not V. R.*

*OK 5-28-81
GWS*

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

Comments:

*Form 3 is missing

<input type="checkbox"/>

I.D.# _____

Reviewer's Initial _____

Part A, Permit Process --- Internal Checklist

65

ID Number MID 000 718874 Inst Name GMC CADILLAC MOTOR CAR
LIVONIA PLANT

Refer to Form No:	Interim Regulatory Requirements	Indicate by your initials:		V P D
		Yes	No	
1	T/S/D Facility? (If No, return to respondent.)	<u>Aw</u>		
3	Form 1 received?	<u>Aw</u>		
1	Form 3 received?	<u>Aw</u>		
1 & 3	Postmarked on or before November 19, 1980?	<u>Aw</u>		
3	Date of operation entered?	<u>Aw</u>		
3	Date of operation on or before November 19, 1980?	<u>Aw</u>		
Notif. record	Notifier?	<u>S.T</u>		
	Notified on or before August 18, 1980?	<u>S.T</u>		
1	Form 1, XIII B signed?	<u>Aw</u>		
3	Form 3, IX B Signed?	<u>Aw</u>		

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here:

1-8-81

PHASE TWO

1	Unsure if regulated or non-regulated?		
3	New facility?		
1 & 3	Core items missing? If Yes, indicate which items: Facility name____; location____; mail address____; operator info____; certification____; process info____; waste info____; owner____; sigs____.		

PHASE THREE

1 & 3	Non-core items missing? If Yes, indicate which items: Maps____; photos____; drawings____; lat/long____. Other observations and comments:
-------	--

Received Date Stamp
(Stamp forms also)

Log out/Log in
on reverse side.

.D.# MID 000 718 81

Facility Name GMC Cadillac Motor Car Livonia Plant ☐ ACKNOWLEDGEMENT SENT

Reviewer Greg Weber

INTERNAL CHECKLIST

Date Review Started 3-21-81

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

D. (1) NOTIFIED after AUGUST 18, 1980 ☐ Valid

(2) NONNOTIFIER ☐

E. (1) FORM 1, XIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. A. TSDF ☐

B. NONREGULATED ☒

C. UNSURE ☐

D. UNKNOWN FACILITY
(missing name and address on Form 3) ☐

E. NEW FACILITY ☐

F. CORE ITEM(S) MISSING ☒

G. NONCORE ITEM(S) MISSING ☐

H. OTHER ☐

*Signed by
general manager
not U.P.*

OK DH

Delisted waste # F017

CHECK IF ITEM
MISSING

VIII. Facility Owner

- *1. Name of Facility's Legal Owner
- 2. Phone
- *3. Street or P.O. Box
- *4. City or Town
- *5. State
- 6. Zip Code

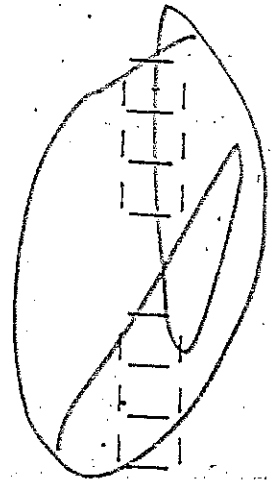
IX. Owner Certification

- *A. Name
- *B. Signature
- *C. Date Signed

X. Operator Certification

- *A. Name
- *B. Signature
- *C. Date

*General
Manager
signed
not V. P.*



Comments:

*Form 3 is missing

--

I.D.# _____

Reviewer's Initial _____

CHECK IF AREA
MISSING

IX. Indian Land

☐

X. Existing Environmental Permits

☐

XI. Map

☐

XII. Nature of Business

☐

XIII. Certification

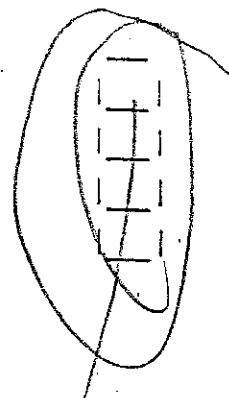
A. *1. Name

2. Official Title

*B. Signature

*C. Date Signed

*General Manager
signed
not V.P.*



Comments:

*Form 1 is missing

☐



Cadillac

OFFICE OF DIRECTOR OF RELIABILITY

December

7, 1981

Ms. Rebecca Strom
U.S. E.P.A.
Region V
P. O. Box A-3587
Chicago, Illinois 60690

Dear Ms. Strom:

Per your request, this is to certify that Mr. E. C. Kennard holds the official title of a Vice President within General Motors, thereby authorizing him to certify the RCRA Hazardous Waste Permit Applications for Cadillac Motor Car Division.

The permit applications were submitted in November, 1980, with Mr. Kennard's signature for three Cadillac plants identified by the following E.P.A. I.D. numbers:

MID005356704 *ok*
MID000718882 *ok*
MID000718874 *ok*

Mon 12-22-81

Also, please refer to Page 31 of the 1980 General Motors Annual Report which I have enclosed. If any additional information is required, please advise us.

W. L. Hoops

jw
Enclosure

cc: Mr. E. C. Kennard

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DEC 10 1981

WASTE MANAGEMENT BRANCH
EPA, REGION V

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12/11/81

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Chairman and Chief
Executive Officer

F. JAMES McDONALD
President and Chief
Operating Officer

HOWARD H. KEHRL
Vice Chairman

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F. ALAN SMITH

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Electrical Components Group

DAVID C. COLLIER
Operating Staffs Group

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CUNNINGHAM
Body and Assembly Group

ALEX C. MAIR
Technical Staffs Group

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Car and Truck Group

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Mechanical Components Group

DAVID S. POTTER
Public Affairs Staffs Group

JAMES F. WATERS, JR.
Overseas Group

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North American Vehicles Overseas

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Vauxhall Motors Limited

ROBERT D. BURGER
Marketing Staff

MARTIN J. CASERIO
Assistant to the President

CHARLES S. CHAPMAN
Managing Director
General Motors-Holden's Limited

PAUL F. CHENEA
Research Laboratories

PATRICK J. COLETTA
General Manager
GM Assembly Division

ROBERT J. COOK
General Manager
Oldsmobile Division

ROBERT W. DECKER
Quality and Reliability

JOHN R. EDMAN
Financial Staff

GEORGE R. ELGES*

STEPHEN H. FULLER
Personnel Administration and
Development Staff

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General Manager
Electro-Motive Division

WILLIAM E. HOGLUND
General Manager
Pontiac Motor Division

CHARLES KATKO
General Manager
Fisher Body Division

EDWARD C. KENNARD
General Manager
Cadillac Motor Car Division

ROBERT D. LUND
General Manager
Chevrolet Motor Division

ROBERT F. MAGILL
Industry-Government
Relations Staff

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Manufacturing Staff

JOHN P. McCORMACK
Joint Ventures and
African Operations

JOHN W. McNULTY
Public Relations Staff

JOHN QUICK
Special Overseas
Projects and Studies

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General Manager
Buick Motor Division

JAMES R. RINEHART
President and General Manager
General Motors of
Canada Limited

IRVIN W. RYBICKI
Design Staff

JOSEPH J. SANCHEZ
Managing Director
General Motors do Brasil S.A.

HAROLD L. SMITH
General Manager
Detroit Diesel Allison Division

OTIS M. SMITH
General Counsel

ROBERT C. STEMPEL
Managing Director
Adam Opel AG

ROBERT B. STONE
Materials Management Staff

ROBERT W. TRUXELL
General Manager
GMC Truck & Coach Division

JAMES G. VORHES
Consumer Relations and
Service Staff

ALFRED S. WARREN, JR.
Industrial Relations Staff

MARINA v.N. WHITMAN
Chief Economist

FRANK J. WINCHELL
Engineering Staff

STAFF OFFICERS

ROBERT T. O'CONNELL
Treasurer

JOHN F. SMITH, JR.
Comptroller

CAROL M. CONKLIN
Secretary

*On disability leave

1981 Public Interest Report

Additional information on GM programs, progress, and goals in a number of areas of public concern will be available in a booklet "1981 General Motors Public Interest Report" about April 1. Subject areas include automotive emissions and fuel economy, vehicle safety, industrial energy management, alternative automotive power sources, overseas operations, improving customer satisfaction, environmental control programs, employee programs, equal employment opportunities, applying innovative technology to improve productivity and quality, the cost of government regulations, and community relations programs. Stockholders wishing to receive a copy may write to: General Motors Corporation, Room 11-227, General Motors Building, Detroit, Michigan 48202.

INSPECTION REVIEW FORM

NAME OF FACILITY: GMC Cadillac Motor CarID NO. WID000718874LOCATION: (Address): 2860 Clark St
Detroit MI 48232OPERATION: ☒ G ☐ T ☐ TSD
(Circle Appropriate)INSPECTOR ☒ S ☐ F ☐ JDATE OF INSPECTION: 2-26-82NAME OF REVIEWER & DATE: SK Swanson 4-1-82COMPLIANCE STATUS
(circle one) ☐ IN ☒ OUTVIOLATION CLASSIFICATION: None ☐ I ☐ II ☒ IIISTATE ACTION: Sent warning letter 3-8-82
facility response 4-1-82 - in compliance

RECOMMENDED ACTION:

☒ NONE☒ MONITOR STATE☐ LETTER☐ ADMINISTRATIVE COMPLAINT☐ REFERRAL

ASSIGNEE: _____

DATE ASSIGNED: _____

cc: Unit Inspection Log

UES
1/13/83
R

STATE OF MICHIGAN



NATURAL RESOURCES COMMISSION

JACOB A. HOEFER
E. M. LAITALA
HILARY F. SNELL
PAUL H. WENDLER
HARRY H. WHITELEY
JOAN L. WOLFE
CHARLES G. YOUNGLOVE

WILLIAM G. MILLIKEN, Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T. MASON BUILDING
BOX 30028
LANSING, MI 48909
HOWARD A. TANNER, Director
Hazardous Waste Division
Detroit Area
9311 Groh Road
Grosse Ile, Michigan 48138

February 17, 1983

Mr. George L. Sukes
Chief, Materials Engineering
GMC Cadillac Motor Car
Clark Avenue Plant
2860 Clark Street
Detroit, Michigan 48232

Re: MID 000718874
Livonia Plant

Dear Mr. Sukes:

Thank you for your letter of January 18, 1983, in which you documented corrections to the items of non-compliance with Subtitle C of the Resource Conservation and Recovery Act, cited in our letter of December 15, 1982.

We also appreciated receiving copies of your correspondence with U.S.E.P.A. V subsequent to your original application for the Livonia Plant.

Your continued assistance and cooperation during our work with the three Cadillac plants is very much appreciated.

Sincerely,

Kenneth Burda, P.E.
Area Engineer

Susan Norton

Susan Norton
Water Quality Specialist
Compliance Section
Hazardous Waste Division

KB:SN/sc

cc: Hazardous Waste Division, Lansing (3)

JLN

CADILLAC MOTOR CAR DIVISION

GENERAL MOTORS CORPORATION

DETROIT, MICHIGAN 48232

January 18, 1983

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JAN 20 1983

WATER QUALITY DIV.
DIST. I

Ms. Susan Norton
Water Quality Specialist
Department of Natural Resources
Water Quality Division
9311 Groh Road
Grosse Ile, Michigan 48183

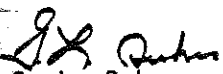
Dear Ms. Norton:

In response to your letter of December 15, 1982, the following action has been taken to correct the deficiencies noted in the Resource Conservation and Recovery Act inspection conducted by your office at Cadillac's Livonia Plant (MID000718874).

- 1) The emergency equipment list in the Contingency Plan has been updated to include the capabilities of each item as specified in 40 CFR 265.52(e).
- 2) A letter documenting that copies of the Contingency Plan were offered to local emergency organizations in accordance with 40 CFR 265.53(b) has been written. This document has been attached to the Contingency Plan per your recommendation.

Additionally, I have enclosed copies of correspondence which has transpired between the Livonia Plant and U.S.E.P.A. Region V subsequent to our original application.

Cadillac Motor Car Division
GENERAL MOTORS CORPORATION


G. L. Sukes

Chief Materials/Metallurgical
Engineer

/tb
Enc.

STATE OF MICHIGAN



NATURAL RESOURCES COMMISSION

JACOB A. HOEFER
CARL T. JOHNSON
E.M. LAITALA
HILARY F. SNELL
HARRY H. WHITELEY
JOAN L. WOLFE
CHARLES G. YOUNGLOVE

WILLIAM G. MILLIKEN, Governor

DEPARTMENT OF NATURAL RESOURCES

HOWARD A. TANNER, Director
Water Quality Division
9311 Groh Road
Grosse Ile, Michigan 48138

STEVENS T. MASON BUILDING
BOX 30028
LANSING, MI 48909

#1247

December 15, 1982

CERTIFIED MAIL

Mr. George Sukes
Chief, Materials Engineering
GMC Cadillac Motor Car
Clark Avenue Plant
2860 Clark Street
Detroit, Michigan 48232

Re: MID000718874/Cadillac Livonia Plant

Dear Mr. Sukes:

On December 7, 1982, Susan Norton of our office inspected the Cadillac Livonia Plant. The purpose of the visit was to determine compliance with Subtitle C of the Resource Conservation and Recovery Act (RCRA), as amended. Generally compliance at the facility was quite good, which is to the credit of both facility and corporate staff. Such deficiencies as were noted are listed below. Sections of the law cited refer to the Code of Federal Regulations (Title 40 CFR), revised on July 1, 1981.

- (1) While the Contingency Plan lists all emergency equipment and its location, it does not give an outline of the capabilities of each item. This is in violation of 40 CFR 265.52(e).
- (2) Staff indicated that copies of the Contingency Plan had been sent to local emergency organizations, per 40 CFR 265.53, and had been refused by these organizations. We urge that the Contingency Plan include documentation of this refusal.

Additionally, although the manifests were in good order, it was found that some of the "Generator-Second Copy" forms, which should have been filed at the Livonia Plant, were filed at Clark Avenue instead. We strongly suggest all copies of the manifest be kept together.

Lastly, we would appreciate being sent copies of any correspondence that has transpired between U.S.E.P.A. V and the Livonia Plant since its initial filing in July 1980. This is to update our files that the facility



RECEIVED

DEC 17 1982

ACT 61

Mr. George Sukes
December 15, 1982
Page 2

has confirmed with EPA that it is confining its RCRA Activities to those of a generator, and to obtain a more recent listing of hazardous wastes at the plant.

A copy of the RCRA inspection report is enclosed for your review. We request that you respond by letter to this office no later than January 28, 1983, documenting what actions have been taken to correct the deficiencies cited above.

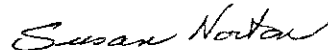
Should you have any questions, please call us at (313) 675-0860. We appreciate your cooperation in this matter, and the time and assistance given by both the Clark Avenue and Livonia Plant staff.

Yours truly,

WATER QUALITY DIVISION



Roy E. Schrameck, P.E.
District Engineer



By: Susan Norton
Water Quality Specialist

RES:SN/sc

Enclosure

cc: Alan Howard, OHWM (2)
Michael Draybuck
Allen R. Seitz

#1247

RCRA Inspection Report

EPA Identification Number: M I D C O C F I E E 7 4Installation Name: CADILLAC MOTOR CAR / LIVONIA PLANTLocation Address: 12200 MIDDLEBELT (CORRESPONDENCE TO: 3860 CLARK ST, DEPT. 8202 GEO. SUKES)City: LIVONIA State: MICH. 148150Date of inspection: Dec. 7, 1982 Time of inspection (from) 9:15 A.M. (to) 10:15 A.M.

Person(s) interviewed	Title	Telephone
<u>ALLEN R. SEITE</u>	<u>OFFICE MGR, LIVONIA ENGINE PLANT</u>	<u>313-523-0324</u>
<u>MICHAEL M. DRAYBICK</u>	<u>JR. ENVIRONMENTAL ENGINEER</u>	<u>313-554-6597</u>

Inspector(s)	Agency/Title	Telephone
<u>SUSAN NORTON</u>	<u>MICH DNR - WATER QUALITY DIVISION</u>	<u>313-675-0860</u>

Installation Activity (mark only one box)	Inspection Form(s)
<input type="checkbox"/> Treatment/Storage/Disposal per 40 CFR 265.1 and/or Generation and/or Transportation	A
<input type="checkbox"/> Treatment/Storage/Disposal (no generation or Transportation)	A
<input type="checkbox"/> Generation and Transportation	B, C
<input checked="" type="checkbox"/> Generation only	<u>B</u>
<input type="checkbox"/> Transportation only	C

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DEC 17 1982
ACT 63

INSPECTION FORM B

Section A: Scope of inspection

Standards for generators of HAZARDOUS WASTE subject to 40 CFR 262.10

Section B: MANIFEST REQUIREMENTS (Part 262, Subpart B)

	Yes	No	NI*	Remarks
(1) Does the generator have copies of the manifest available for review? 262.40	<u>X</u>			
(2) Examine manifests for shipments in past 6 months. Indicate approximate number of manifested shipments during that period. <u>3</u>				
(3) Do the manifest forms examined contain the following information? (If possible, make 262.21 copies of, or record information from, manifests that do not contain the critical elements)	<u>X</u>			
a. Manifest document number?	<u>X</u>			
b. Name, mailing address, telephone number, and EPA ID number of generator?	<u>X</u>			
c. Name and EPA ID number of transporter(s)?	<u>X</u>			
d. Name, Address, and EPA ID Number of designated permitted facility and alternate facility?	<u>X</u>			
e. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<u>X</u>			
f. The total quantity of waste(s) and the type and number of containers loaded?	<u>X</u>			
g. Required certification?	<u>X</u>			
h. Required signatures?	<u>X</u>			
(4) Reportable exceptions 262.42				
a. For manifests examined in (2) (except for shipments within the last 35 days), enter the number of manifests for which the generator has <u>NOT</u> received a signed copy from the designated facility within 35 days of the date of shipment. <u>NONE</u>				
b. For manifests indicated in (4a), enter the number for which the generator has submitted exception reports (40 CFR 262.42) to the Regional Administrator. <u>N/A</u>				

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DEC 17 1982
ACT 64

Section C - PRE-TRANSPORT REQUIREMENTS
(40 CFR Part 262 Subpart C)

11/10/00071894

	Yes	No	NI	Remarks
(1) Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site) 262.30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A - SEP 4 (1.1.2)
(2) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required prior to movement of hazardous waste off-site) 262.31 and 262.32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A - SEP 4 (2.1.2)
(3) If required, are placards available to transporter? 262.33	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**** (4) Pre-shipment Accumulation:**

**** applies only to GENERATORS that store hazardous waste on-site for 90 days or less without a permit. These items do not apply to generators whose waste is immediately transported off-site.**

a. Is hazardous waste accumulated in containers? If no, skip to b. 262.34	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THE WAS ACCUMULATION AREA WAS EMPTY - NO WASTE DURING VISIT
i. Is each container clearly marked with the date on which the period of accumulation began?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
ii. Have more than 90 days elapsed since the dates marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
iii. Is each container labeled or marked clearly with the words "Hazardous Wastes?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
iv. Are containers in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
v. Are containers compatible with waste in them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
vi. Are containers managed to prevent leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
vii. Are containers stored closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
viii. Are containers inspected weekly for leaks and defects?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INSPECTED RECORD WHICH RECORDS THIS
ix. Are <u>ignitable</u> and reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NI	Remarks
x. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)				N/A
xi. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?				N/A
b. Is hazardous waste accumulated in tanks? If no, skip to c. 262.34 (January 11, 1982 revision)		X		
i. Is each tank labeled or marked clearly with the words "Hazardous Wastes"? 262.34 (January 1982 revision)				N/A
ii. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? 265.192				
iii. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?				
iv. Do continuous feed systems have a waste-feed cutoff?				
v. Are waste analyses done before the tanks are used to store a substantially different waste than before? 265.193				
vi. Are required daily and weekly inspections done? 265.194				
vii. Are reactive and ignitable wastes in tanks protected or rendered non-reactive or nonignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or nonignitable, see treatment requirements.) 265.198				
viii. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply.) 265.199				✓

Yes No NI Remarks

- ix. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: _____ gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(see tables 2-1 through 2-6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

- c. Is hazardous waste accumulated in other than tanks or containers? _____ X _____

- d. Personnel training. 262.34 (a) 5

Do personnel training records include: 265.16

- | | | | |
|---|----------|----------|---|
| i. Job Titles? | <u>X</u> | _____ | _____ |
| ii. Job Descriptions? | <u>X</u> | _____ | _____ |
| iii. Description of training? | <u>X</u> | _____ | _____ |
| iv. Records of training? | <u>X</u> | _____ | _____ |
| v. Did personnel receive the required training by 5-19-81? | _____ | <u>X</u> | TRAINED 3/82 |
| vi. Do new personnel receive required training within six months? | _____ | <u>X</u> | N/A - NO NEW PERSONNEL |
| vii. Do personnel training records indicate that personnel have taken part in an annual review of initial training? | _____ | <u>X</u> | N/A - A YEAR HAS NOT YET ELAPSED SINCE TRAINING |

- e. Preparedness and Prevention 265. Subpart C

- i. Maintenance and Operation of Facility:

Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent? 265.31 _____ X _____

	Yes	No	NI	Remarks
ii. Arrangements agreed to by local police departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §265.37?	X			
iii. Names, addresses, and phone numbers (Office and Home) of all persons qualified to act as emergency coordinator.	X			
iv. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list, and a <u>brief outline of its capabilities?</u>	X			
v. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes?)	X			
vi. Are copies of the Contingency Plan available at site and local emergency organizations?	X	X		AVAILABLE AT SITE; REFUSED BY LOCAL EMERGENCY ORGANIZATION.
vii. Is the facility emergency coordinator identified?	X			
viii. Is coordinator familiar with all aspects of site operation and emergency procedures?	X			
ix. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	X			
x. If an emergency situation has occurred at this facility, has the emergency coordinator followed the emergency procedures listed in 265.56?				N/A

Section D: RECORDKEEPING AND REPORTING (Part 262, Subpart D)

Yes No NI Remarks

- (1) Are all test results and analyses needed for hazardous waste determinations retained for at least three years? 262.40

X _____

Section E: INTERNATIONAL SHIPMENTS (Part 262 Subpart E)
262.50

- (1) Has the installation imported or exported hazardous waste? If "no", skip a and b.

_____ X _____

a. Exporting Hazardous Waste, has a generator:

i. Notified the Administrator in writing?

_____ N/A _____

ii. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?

_____ N/A _____

iii. Met the Manifest requirements?

_____ N/A _____

b. Importing Hazardous Waste, has the generator met the manifest requirements?

_____ N/A _____

STATE OF MICHIGAN



NATURAL RESOURCES COMMISSION

CARL T. JOHNSON
E. M. LAITALA
DEAN PRIDGEON
HILARY F. SNELL
HARRY H. WHITELEY
JOAN L. WOLFE
CHARLES G. YOUNGLOVE

WILLIAM G. MILLIKEN, Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T. MASON BUILDING, BOX 30028, LANSING, MICHIGAN 48909
HOWARD A. TANNER, Director

Water Quality Division
9311 Groh Road
Grosse Ile, Michigan 48138

April 9, 1982

Mr. George L. Sukes
Chief Materials Engineering
GMC Cadillac Motor Car
Clark Avenue Plant
2860 Clark Street
Detroit, Michigan 48232

Dear Mr. Sukes:

We are in receipt of your April 1, 1982 letters concerning the hazardous waste management programs at the Clark Avenue, Corner Avenue and Livonia Cadillac Plants. You indicate that the plants have complied with the violations of Subtitle C of RCRA found during February, 1982 inspections.

Thank you for the cooperation in this matter. Feel free to contact us at (313) 675-0860 if you have questions concerning hazardous waste.

Yours truly,

WATER QUALITY DIVISION

Roy E. Schrameck

Roy E. Schrameck
District Engineer

William E. Stone

William E. Stone
Water Quality Specialist

RES:WES/sc

cc: Al Howard (6)
John Bohunsky (3)



MID 000718874 *KA*

Cadillac

MOTOR CAR DIVISION GENERAL MOTORS CORPORATION
DETROIT, MICHIGAN 48232

EPA

April 1, 1982



AN AMERICAN
STANDARD FOR THE WORLD

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APR 05 1982

WATER QUALITY DIV.
DIST. I

Mr. William E. Stone
Water Quality Specialist
Department of Natural Resources
9311 Groh Road
Grosse Ile, Michigan 48138

Dear Mr. Stone:

In response to your letter of March 8, 1982, this is to confirm that the following action has been instituted at the Cadillac Livonia Plant (MID000718874) for compliance with subtitle C of the Resource Conservation and Recovery Act (RCRA) of 1976 as amended.

- (1) Personnel training records include job titles and names of persons filling each position as related to hazardous waste handling (40 CFR 265.16 (d) (1)).
- (2) Personnel training has been conducted and documentation entered in the personnel training record in accordance with (40 CFR 265.16 (a) (b) and (c)) and (40 CFR 265.16 (d) (4)).
- (3) Hazardous waste containers are being inspected and inspection records kept as required per (40 CFR 265.174) and (40 CFR 265.15).

Please direct any questions on the above to my attention at (313) 554-5680.

Yours truly,

Cadillac Motor Car Division
GENERAL MOTORS CORPORATION

George L. Sukes

George L. Sukes
Chief Materials/Metallurgical
Engineer

STATE OF MICHIGAN



NATURAL RESOURCES COMMISSION

CARL T. JOHNSON
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CHARLES G. YOUNGLOVE

WILLIAM G. MILLIKEN, Governor

DEPARTMENT OF NATURAL RESOURCES

STEVENS T. MASON BUILDING, BOX 30028, LANSING, MICHIGAN 48909
HOWARD A. TANNER, Director
9311 Groh Road
Grosse Ile, Michigan 48138

MID 000718874

March 8, 1982

Mr. George Sukes
Chief Materials Engineering
GMC Cadillac Motor Car
Clark Avenue Plant
2860 Clark Street
Detroit, Michigan 48232

Dear Mr. Sukes:

On February 26, 1982, the Cadillac Livonia Plant (MID000718874) was inspected to determine compliance with subtitle C of the Resource Conservation and Recovery Act (RCRA) of 1976 as amended. The facility is a generator of hazardous waste and subject to the Act.

Investigation found the facility to be in violation of the following requirements of subtitle C:

1. Personnel training records do not include job titles for all positions related to hazardous waste management nor the names of persons filling each position. (40 CFR 265.16 (d)(1))
2. Personnel training records do not document that training required in 265.16 (a)(b) and (c) has been provided. [40 CFR 265.16 (d)(4)]
3. Containers holding hazardous waste are not inspected. (40 CFR 265.174)

Please provide written documentation to this office by April 16, 1982 of actions taken to correct these deficiencies.

Thank you for your cooperation during the inspection. If you have any questions feel free to contact me at (313) 675-0860.

Yours truly,
WATER QUALITY DIVISION

Roy E. Schrameck

Roy E. Schrameck
District Engineer

William E. Stone

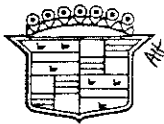
William E. Stone
Water Quality Specialist



R1026 10/76

cc: Al Howard OHWM (2)
John Bobunsky

EPA ✓



Cadillac

MOTOR CAR DIVISION
GENERAL MOTORS CORPORATION

OFFICE OF THE GENERAL MANAGER

DETROIT, MICHIGAN 48232

November 6, 1981

Mr. Joseph Boyle, Compliance Officer
U.S. EPA - Region V
RCRA Activities
P.O. Box A3587
Chicago, Illinois 60690

Dear Mr. Boyle:

Cadillac Motor Car Division, General Motors Corporation meets the definition of hazardous waste generator at its Livonia Plant E.P.A. I.D. Number (MID 000718874). Last November (1980), all plant processes were reviewed to determine if any would also meet the definition of Treatment, Storage, or Disposal Facility and Interim Status Permit application was made for four facilities.

We have re-evaluated our hazardous waste management facilities in light of the revision to E.P.A. regulations issued since November, 1980, as well as our revised needs as a hazardous waste generator. As a result, we are withdrawing our permits for interim status on all four of these facilities for the following reasons:

Container Storage Area #1 and #2

These areas have only been used for accumulation of hazardous wastes in drums. Accumulation of materials in these areas does not exceed 90 days.

Gasoline Spill Control Tank

The Spill Control Tank is located underground in the bulk gasoline unloading area. The sole purpose of this tank is to act as emergency spill containment in the event that gasoline is spilled during unloading. It was never intended to be used for storage of hazardous waste. This tank will be inspected on a regular basis and any gasoline found will be removed immediately.

Livonia Wastewater Treatment Plant Filter Press

The filter press de-waters the sludges generated during the wastewater treatment process. Water squeezed from the sludge is re-processed and the solids are removed for disposal. The filter press is a "totally enclosed facility" since it is directly connected to the wastewater treatment process and no hazardous waste is released to the environment during treatment.

E. C. Kennard
General Manager

STATE IDENTIFICATION NUMBER
(If Applicable)

AH

MID 000 718874
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form B Generator Inspection*
(40 CFR Part 262)

I. General Information:*

- (A) Installation Name: GMC Cadillac Motor Car Livonia Plt.
(B) Street: 12200 Middlebelt Road
(C) City: Livonia (D) State: Mich. (E) Zip Code: 48150
(F) Phone: 313) 554-5680 (G) County: Wayne
(H) Date of Inspection: 2/26/82 Time of Inspection (From) 8:30a (To) 11:00a
(I) Weather Conditions: Sunny + clear, wind nill, air temp. ~30°F

(J) Person(s) interviewed	Title	Telephone
<u>Mike Draybuck</u>	<u>Materials Engineering</u>	<u>313) 554-5680</u>
<u>Allen R Seitz</u>	<u>Office Manager</u>	<u>313) 554-5463</u>

(K) Inspection Participants	Agency/Title	Telephone
<u>William E. Stone</u>	<u>Mi DNR WQP</u>	<u>313) 277-6443</u>
	<u>Water Qual. Spec.</u>	

(L) Preparer Information

Name	Agency/Title	Telephone
<u>Same</u>		

*Do not use this form if Generator is also a treatment, storage, and/or disposal facility.
Complete form "A" if the Generator is also a TSD facility.

II. BRIEFLY DESCRIBE SITE ACTIVITY

The facility manufactures, assembles and tests automotive engines. Processes include machining and plating. They have two waste streams, both are cleaners. ~~One~~ Corrosive and one ignitable (basically mineral spirits) generated in the cleaning of machines, equipment and structures. The waste is stored in drums in a totally enclosed containment area.

III. MANIFEST REQUIREMENTS (Subpart B)

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Do the manifest forms reviewed contain the following information: (If possible, make copies of, or record information from, manifests that do not contain the critical elements)				
1. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Name, mailing address, telephone number, and EPA ID number of Generator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Name, Address, and EPA ID Number of Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. The description of the waste(s)
(DOT shipping name, DOT hazard
class, DOT identification number)? ☒ _____
6. The total quantity of waste(s) and
the type and number of containers
loaded? ☒ _____
7. Required Certification? ☒ _____
8. Required Signatures? ☒ _____
- (C) Does the Owner or Operator Submit
Exception Reports when Needed? ☒ _____

IV. PRE-TRANSPORT REQUIREMENTS

- (A) Is waste packaged in accord-
ance with DOT Regulations?
(Required prior to movement
of hazardous waste off-site) ☒ _____
- (B) Are waste packages marked and labeled
in accordance with DOT Regulations
concerning hazardous waste materials?
(Required prior to movement of
hazardous waste off-site) ☒ _____
- (C) If required, are placards available
to transporter? ☒ _____
- (D) Pre-shipment Accumulation:
1. Are containers marked with
start of accumulation date? ☒ _____
2. Are the containers of hazardous
waste removed from installation
before they can accumulate for
more than 90 days? ☒ _____

3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections of containers, containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from facility's property line?

— ✓ —

no inspections. 15 meter requirement is complied with.

4. If wastes are stored in tanks, are the tanks managed according to the following requirements:

a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank?

—

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—

b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, dikes, or other containment structures?

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c. Do continuous feed systems have a waste-feed cutoff?

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—

d. Are required daily and weekly inspections done?

—

—

—

—

e. Are reactive and ignitable wastes in tanks protected from sources of reaction and ignition, or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements)

Is waste ☐ Ignitable or ☐ Reactive?

—

—

—

—

f. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply)

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—

g. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reaction wastes?

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Record the following information:

Tank capacity? _____ gallons

Tank diameter? _____ feet

Distance of tank from property line? _____ feet

(see tables 2-1 through 2-6 of NEPA's "Flammable and Combustible Code - 1977" to determine compliance)

V Training, Emergency Procedures

	YES	NO	*N	Remarks
A. Do Personnel training records include: (Effective 5/19/81)				
1. Job Titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>names not included</u>
2. Job Descriptions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Description of training?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
4. Records of training?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
5. Have facility personnel received required training by 5-19-81	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
6. Do new personnel received required training within six months	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
B. Preparedness and Prevention (Part 265, Subpart C)				
1. Maintenance and Operation of Facility.				
a. Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

2. If required, does this facility have the following equipment:

a. Internal communications or alarm systems?

b. Telephone or 2-way Radios at the scene of operations?

c. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

✓	—	—	—
✓	—	—	—
✓	—	—	—
✓	—	—	ABC

Indicate the volume of water and/or foam available for fire control

Units: Company Fire Department - municipal water supply

3. Testing and Maintenance of Emergency Equipment:

a. Has the Owner or Operator established testing and Maintenance Procedures for Emergency Equipment

b. Is emergency equipment Maintained in Operable Condition?

4. Has Owner/Operator provided immediate access to internal alarms (if needed)?

5. Is there adequate aisle space for unobstructed movement?

✓	—	—	—
✓	—	—	—
✓	—	—	—
✓	—	—	—

C. Contingency Plan and Emergency Procedure (Part 265, Subpart D)

1. Does the contingency plan contain the following:

a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part as applicable)

✓

b. Arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §265.37?

✓

Fire Dept.

c. Names, Addresses, and Phone numbers (Office and Home) of all persons qualified to act as

emergency coordinator.

✓

d. A list of all emergency equipment at the facility which include the location and physical description of each item on the list, and a brief outline of its capabilities?

✓

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes.

✓

2. Are copies of the Contingency Plan available at site and location Emergency Organizations?

✓ at site

3. Emergency Coordinator

a. Is the Facility Emergency Coordinator Identified?

✓

b. Is coordinator famaliar with all aspects of site operation and emergency procedures?

✓

c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan

✓

4. Emergency

If an emergency situation has occured at this facility; has the emergency coordinator followed the emergency procdures. listed in §265.56?

N.A.

VI. RECORDKEEPING AND REPORTING
(Part 262, Subpart D)

(A) Are Manifests, Annual Reports, Exception Reports, and All Test Results and Analyses Retained for at least three years?

(B) Has the Generator submitted Annual Reports and Exception Reports as required?

VII. INTERNATIONAL SHIPMENTS
(Part 262 Subpart E)

(A) Has the Installation Imported or Exported Hazardous Waste?

(If A was answered Yes, then complete the following as applicable.)

1. Exporting Hazardous waste,
has a generator:

a. Notified the Administrator
in writing?

b. Obtained the Signature of the
foreign consignee confirming
delivery of the waste(s) in the
foreign country?

c. Met the Manifest requirements?

2. Importing Hazardous Waste,
has the generator:

a. Met the manifest requirements?

VIII. Remarks

REMARKS:

1. Containers holding hazardous waste are not inspected.

2. Personnel training records do not:

a) include job titles for all positions nor names of persons filling each position.

b) document that training has been provided.

